



## REQUEST FOR ADVANCEMENT OF BENEFITS

Account Number : \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Account Owner's Name: \_\_\_\_\_

I am requesting to change the projected enrollment year (PEY) for the beneficiary to: \_\_\_\_\_

Your PACT account must be paid in full before benefits can be used. The 10 year period for using benefits begins with the revised PEY.

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*I certify by signing below that the information I have provided on this form is true and correct. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a)(3) and § 13A-10-102.)*

Signature of Account Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Please mail, email, or fax this form to the PACT office.